

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31136**

FILED OCT 10 1951

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>2322</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>C.</u> c. (Last) <u>Carter</u>		4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>29</u> (Year) <u>1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 4 - 1873</u>		9. AGE (In years last birthday) <u>78</u> If under 1 year: Months <u>2</u> Days <u>5</u> If under 12 mos. Hours <u> </u> Mins. <u> </u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>		13a. FATHER'S NAME <u>Clayton Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Ziegler</u>	
14. NAME OF HUSBAND OR WIFE <u>Victoria</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. C. Carter, RFD Moberly Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>24 hours</u> <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 28</u>, 19<u>51</u>, to <u>Sept 29</u>, 19<u>51</u>, that I last saw the deceased alive on <u>Sept 28</u>, 19<u>51</u>, and that death occurred at <u>6:40 a.m.</u>, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clarence C. Cohen M.D.</u>		23b. ADDRESS <u>300 W. 1st, Moberly Mo</u>		23c. DATE SIGNED <u>10-1-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 1 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 1 - 51</u>		REGISTRAR'S SIGNATURE <u>Earl B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahon and Son, Moberly, Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: OCT 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-57-1794
Date Filed: OCT 9 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Frank O. O'Neill

Licensed Embalmer No. 3021

P. O. Address *Proberly Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.